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DATE: April 20, 2006

PTO IDENTIFIER: Application Number 10/516426
Patent Number

Inventor: Ann-Charlotte Roth-Rosendahl et al.

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PAGES (Including Cover Sheet): 4

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Statement Under 37 CFR 3.73 (b) (1 page)
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Serial No. (if known): 10/516426

Attorney Docket No.: ASZD-P01-711

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/516426
	Filing Date	June 28, 2005
	First Named Inventor	Ann-Charlotte Roth-Rosendahl
	Art Unit	1614
	Examiner Name	Kwon Brian Yong S.
	Attorney Docket Number	100711-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 52286☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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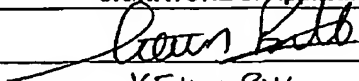
☐ Firm or
Individual Name Cozen O'Connor Attorneys

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	KEVIN BILL		
Date	12 April 2006	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Ann-Charlotte Roth-Rosendahl et al.Application No: 10/516426Filed: June 28, 2005Entitled: PHARMACEUTICAL COMBINATIONAstraZeneca AB

(Name of Assignee)

, a

Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

KEVIN BILK
Signature12 April 2006
DateKEVIN BILK
Printed or Typed Name_____
Telephone Number_____
Authorized Signer for AssigneeTitle: Patent Director, CN